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# APPLICATOR/TECHNICIAN PESTICIDE ANNUAL REPORT

|             |                         | Applicator/Technician | Bus./Agency Reg. No. |
|-------------|-------------------------|-----------------------|----------------------|
| Report Year | Certification ID Number | Last Name First Name  | (If applicable)      |
| * * *       | C * * * * * * * * *     | *                     | * * * *              |

Check Here If No Commercial Applications Were Conducted This Year

|       | Col. 1          | Col. 2       | Col. 3           | Col. 4 | Col. 5              | Col. 6         | Col. 7  | Col. 8                             | Col. 9   |
|-------|-----------------|--------------|------------------|--------|---------------------|----------------|---------|------------------------------------|----------|
| Row # | EPA REG. NUMBER | PRODUCT NAME | QUANTITY<br>USED | UNITS  | DATE<br>OF<br>APPL. | COUNTY<br>CODE | ADDRESS | MUNICIPALITY (CITY, VILLAGE, ETC.) | ZIP CODE |
| 1     |                 |              |                  |        |                     |                |         |                                    |          |
| 2     |                 |              |                  |        |                     |                |         |                                    |          |
| 3     |                 |              |                  |        |                     |                |         |                                    |          |
| 4     |                 |              |                  |        |                     |                |         |                                    |          |
| 5     |                 |              |                  |        |                     |                |         |                                    |          |
| 6     |                 |              |                  |        |                     |                |         |                                    |          |
| 7     |                 |              |                  |        |                     |                |         |                                    |          |
| 8     |                 |              |                  |        |                     |                |         |                                    |          |
| 9     |                 |              |                  |        |                     |                |         |                                    |          |
| 10    |                 |              |                  |        |                     |                |         |                                    |          |
| 11    |                 |              |                  |        |                     |                |         |                                    |          |
| 12    |                 |              |                  |        |                     |                |         |                                    |          |
| 13    |                 |              |                  |        |                     |                |         |                                    |          |
| 14    |                 |              |                  |        |                     |                |         |                                    |          |
| 15    |                 |              |                  |        |                     |                |         |                                    |          |

# **Record Keeping Information**

| Row # | <b>Dosage Rate</b> | Method of Application | Target Organism | Place of Application |
|-------|--------------------|-----------------------|-----------------|----------------------|
| 1     |                    |                       |                 |                      |
| 2     |                    |                       |                 |                      |
| 3     |                    |                       |                 |                      |
| 4     |                    |                       |                 |                      |
| 5     |                    |                       |                 |                      |
| 6     |                    |                       |                 |                      |
| 7     |                    |                       |                 |                      |
| 8     |                    |                       |                 |                      |
| 9     |                    |                       |                 |                      |
| 10    |                    |                       |                 |                      |
| 11    |                    |                       |                 |                      |
| 12    |                    |                       |                 |                      |
| 13    |                    |                       |                 |                      |
| 14    |                    |                       |                 |                      |
| 15    |                    |                       |                 |                      |

THIS INFORMATION SHOULD NOT BE SENT TO NYSDEC, BUT MAY BE USED TO MEET RECORD KEEPING REQUIREMENTS.

### **New York State Department of Environmental Conservation**

## INSTRUCTIONS FOR APPLICATOR/TECHNICIAN PESTICIDE ANNUAL REPORT

Please read instructions before filling out forms. Questions? E-mail: <a href="mailto:prl@gw.dec.state.ny.us">prl@gw.dec.state.ny.us</a> or call 1-518-402-8765. Reports must be typed or neatly printed. Reports that are not filed in accordance with these instructions will be rejected.

Reports are due by February 1 of the year immediately following the reporting year. Businesses may submit annual reports for all certified applicator and technician employees by recording one applicator or technician name and ID number on this form, along with all of the applications made by the business. Then attach

Form 44-15-26A listing all other applicator and technician names and ID Numbers as the top page of report.

#### FILLING OUT THE REPORTING FORM

#### FOR EACH PESTICIDE APPLICATION, YOU MUST REPORT:

**EPA REG. NUMBER** - Report the EPA REG. NO. as it appears on the product label. **IMPORTANT:** Be sure to include the dashes and use the EPA REG. NO. and **NOT** the EPA EST. NO.

**PRODUCT NAME** - Report the registered product name, NOT the active ingredients.

**QUANTITY USED** - Report the amount of product used out of the manufacturer's container with the EPA REG. NO. on it. No fractions allowed, use only decimals. Extend two places to the right of the decimal, if necessary (i.e.,  $\frac{3}{4} = 0.75$ ).

<u>UNITS</u> - Report the unit of measure applicable to the quantity used. (Use only the following abbreviations: GL=Gallons, QT=Quarts, FL=Fluid Ounces, LB=Pounds, OZ=Dry Ounces, L=Liters, ML-Milliliters, KG=Kilograms, GM=Grams, MG=Milligrams)

**DATE APPLIED** - Enter the date in the following format (MMDD): 0101 = January 1; 1114 = November 14.

**<u>COUNTY CODE</u>** - Report the county where the pesticide was applied. (Use the county codes listed on back)

**ADDRESS** - Enter the street address where pesticide was applied (only one address per line).

**MUNICIPALITY** - Enter the village, city, etc., where pesticide was applied (Do NOT use abbreviations).

**ZIP CODE** - Report five-digit zip code where pesticide was applied.

#### THIS INFORMATION MUST BE SENT TO NYSDEC BY FEBRUARY 1.

NOTE: Use of ditto marks, arrows, or the word "same" is permitted for repetitive information. See sample below:

#### SAMPLE:

| EPA REG. NUMBER | PRODUCT NAME    | QUANTITY | UNITS   |       | COUNTY   | ADDRESS                                | MUNICIPALITY       | ZIP CODE       |
|-----------------|-----------------|----------|---------|-------|----------|--|--------------------|----------------|
| i-              |                 | USED     | _       | APPL. | CODE     |  | (CITY, VILLAGE, ET | <u>C)</u>      |
| 264-335-572     | Sevin SL<br>" " | 2.33     | FL<br>" | 1220  | 05<br>11 | 1344 East Swan Street<br>5 Main Street | Locke<br>Homer     | 13092<br>13077 |
| 123-4576        | Weed X          | 6        | ML      | 0909  | 05       | 87 Johnston Lane                       | Locke              | 13092          |
| 3125-372        | Tempo 2         | 8        | "       | 0910  | 9        | 9                                      | 9                  | 9              |
| 264-335-572     | Sevin SL        | 2.33     | FL      | 0911  | 9        | 9                                      | 9                  | 9              |

MAIL COMPLETED FORMS TO:

Pesticide Reporting Section NYSDEC PO Box 10699 Albany, NY 12201-5699

# FILLING OUT THE RECORD KEEPING FORM (FOUND ON BACK OF REPORT FORM)

**<u>DOSAGE RATE</u>** - Enter the amount of pesticide used for a given application; e.g., 1 fluid ounce/gallon (FL/G); 1 gram/12 inches (GM/IN), etc. (This is the premix or final mix dosage rate listed on the pesticide label.)

METHOD OF APPLICATION - Method used to apply the pesticide (broadcast, hand placement, aerial, etc.)

<u>TARGET ORGANISM(S)</u> - Enter the name of the targeted pest(s). The targeted pest or organism must be listed on the pesticide label.

<u>PLACE OF APPLICATION</u> - Enter location where the pesticide was applied (greens 3 & 7 of golf course; front lawn area, restaurant kitchen, etc.)

# THIS INFORMATION SHOULD NOT BE SENT TO NYSDEC, BUT MAY BE USED TO MEET RECORD KEEPING REQUIREMENTS.

### **COUNTY CODES**

| County      | Code | County       | Code | County      | Code |
|-------------|------|--------------|------|-------------|------|
| Albany      | 01   | Jefferson    | 22   | Schoharie   | 43   |
| Allegany    | 02   | Lewis        | 23   | Schuyler    | 44   |
| Broome      | 03   | Livingston   | 24   | Seneca      | 45   |
| Cattaraugus | 04   | Madison      | 25   | Steuben     | 46   |
| Cayuga      | 05   | Monroe       | 26   | Suffolk     | 47   |
| Chautauqua  | 06   | Montgomery   | 27   | Sullivan    | 48   |
| Chemung     | 07   | Nassau       | 28   | Tioga       | 49   |
| Chenango    | 08   | Niagara      | 29   | Tompkins    | 50   |
| Clinton     | 09   | Oneida       | 30   | Ulster      | 51   |
| Columbia    | 10   | Onondaga     | 31   | Warren      | 52   |
| Cortland    | 11   | Ontario      | 32   | Washington  | 53   |
| Delaware    | 12   | Orange       | 33   | Wayne       | 54   |
| Dutchess    | 13   | Orleans      | 34   | Westchester | 55   |
| Erie        | 14   | Oswego       | 35   | Wyoming     | 56   |
| Essex       | 15   | Otsego       | 36   | Yates       | 57   |
| Franklin    | 16   | Putnam       | 37   | Bronx       | 58   |
| Fulton      | 17   | Rensselaer   | 38   | Kings       | 59   |
| Genesee     | 18   | Rockland     | 39   | New York    | 60   |
| Greene      | 19   | St. Lawrence | 40   | Queens      | 61   |
| Hamilton    | 20   | Saratoga     | 41   | Richmond    | 62   |
| Herkimer    | 21   | Schenectady  | 42   |             |      |